

Improving DVT Prevention, Detection and Treatment in High-Risk Specialties Part 3: Strategies to improve DVT prophylaxis, early identification, treatment and post discharge follow-up in Hospitalized and Ambulatory Cancer patients

CME/CE Attendance Verification and Credit Request Form

Activity Title:	Improving DVT Prevention, Detection and Treatment in High-Risk Specialties: Strategies to improve DVT prophylaxis, early identification, treatment and post discharge follow-up in hospitalized and ambulatory cancer patients
Activity Code:	102108DVT
Activity Date(s):	
Location:	Satellite Broadcast/Web-cast
Maximum Credits Available:	1.5 Credits, Category 1, AMA/PRA 1.5 Credits, AACN

Instructions:

Please complete this form and return it to the coordinator at the conclusion of the activity. Credit cannot be awarded and attendance cannot be verified unless this form is returned.

Please Print Clearly	FULL NAME			DEGREE(s)		
	Last Four Digits of SSN (for Tracking)					
	Specialty					
	MAILING ADDRESS					
	CITY		ST		ZIP	
	PHONE		FAX			
	E-MAIL ADDRESS					

Please note: Your certificate will be mailed to the address above within six weeks.

CREDIT REQUEST (please check one)

- I participated in the entire activity and claim the maximum number of credits offered
- I did not complete the entire activity, but I claim _____ hours/credits
- This activity does not offer my desired credit type, but I request a certificate of completion

Signature	Date
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Please return this form to the conference coordinator before you leave. In the event this form is not returned on-site, please fax it no later than five business days from the conclusion of the activity to: 469.484.9401.